

First Judicial District Treatment Court

Initial Interview Report

Date of initial contact: _____ Treatment Court Case #: _____

Name (Last, First, Middle): _____

Alias: _____

Address: _____ Zip Code: _____

Telephone #: _____ DOB: _____ SS#: _____

Ethnicity: _____ U.S. Citizen? Y or N Gender: _____ Age: _____

Years at Address: _____ Years in Community: _____

Name of Reference Person in Community: _____ Phone #: _____

SIGNIFICANT FAMILY INFORMATION

Marital Status: _____ In current status for how long? _____

Spouse/Fiancé(e)/Partner name: _____

Where does your spouse/Fiancé(e)/Partner live? _____

of Children? _____ Name(s) & age: _____

Where do your children live? _____

With whom do your children live? _____

Defendant's present living situation: _____

For how long? _____ Is either parent still living? Y or N

If yes, list name(s) & where they are living: _____

Any siblings? Y or N If yes, list name(s) & where they are living: _____

With what family member(s) are you most in contact with? _____

How can they be contacted? (address and/or phone #) _____

Would any of your family members be willing to participate with your treatment? Y or N

FIRST JUDICIAL DISTRICT TREATMENT COURT – Initial Interview Report**LEGAL STATUS**

Present Charge(s): _____

Drug(s): _____ Arrest Date: ____/____/____

Presiding Judge: _____ Currently Incarcerated? Y or N

Released on bond? Y or N or Own Recognizance Bond Amount: \$_____

Probation or parole or N/A? (circle one) Probation/Parole Officer: _____

Probation or parole in another jurisdiction? Y or N Previous revocation? Y or NDoes defendant have other cases pending? Y or N If yes, what & where? _____

Is defendant wanted in any other jurisdiction? Y or N If yes, for what & where? _____

Has a record check been done? Y or N or Partial When?: _____

Has a PSI been conducted? Y or N When?: _____

Prior arrest(s)? Y or N DL Status: Susp/Rev/Current/NO DL

<u>Date</u>	<u>Place</u>	<u>Crime</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of a violent offense? Y or NEver been convicted of arson? Y or N

Any history of missing court appearances? Y or N

Has a Public Defender form been filled out? Y or N

Public Defender (name, address & phone #): _____

FIRST JUDICIAL DISTRICT TREATMENT COURT – Initial Interview Report**EDUCATION**

Did you receive a high school diploma? Y or N If yes, what year? _____

Name of school? _____

If no, highest grade completed? _____ Did you receive a G.E.D.? Y or N

If yes, when & where? _____

Received any other degree? Y or N If yes, when & where? _____

Are you currently a student? Y or N If yes, where? _____

Any reading or writing problems? Y or N If yes(circle one): Illiterate Language Other

EMPLOYMENT

Currently Employed? Y or N FT or PT ? (circle one) Hours/week: _____

Name of Employer: _____

Employer's Address: _____

Supervisor's Name: _____ Work phone #: _____

Years on Job: _____ Annual Income: _____

Is your job currently being held for you? Y or N Are you looking for work? Y or N

Previous Employment (last 12 months):

<u>Place</u>	<u>Years on Job</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____

FINANCIAL INFORMATION**ASSETS**

Cash on hand _____
 Checking Acct. _____
 Vehicles/value _____
 Life Insurance _____
 Real Estate _____
 Other _____

Total Assets \$ _____**LIABILITIES**

Public utility debt _____
 Personal Property _____
 Mortgage _____
 Other loans _____
 Other debt _____

Total Liabilities \$ _____**MONTHLY INCOME**

\$ _____

MOTHLY EXPENSES

Rent \$ _____

Utilities \$ _____

Court Payment(s) _____

\$ _____

MEDICAL INFORMATION

Are you currently insured? Y or N Type of Insurance: _____

Medical insurer: _____

Has the defendant experienced any of the following? (check all that apply)

_____ Heart murmur	_____ Palpitations
_____ Hepatitis	_____ Excessive coughing
_____ Swollen liver or pancreas disorders	_____ Diabetes
_____ Ulcers	_____ Sexually transmitted disease
_____ Intestinal problems	_____ HIV

_____ Other diseases or illnesses: _____

Most recent physical exam: _____

Physician (name & phone #): _____

Present health status: _____

Are you currently receiving treatment for any health problem(s)? Y or N

If yes, for what & where: _____

Are you currently taking any prescribed medication? Y or N

Are you currently taking any OTC medication? Y or N

If yes, list names and for what condition(s): _____

Verification of prescriptions (physician name and phone #): _____

Infectious Disease(s): _____

Have you ever been physically or sexually abused? (circle one) Physically Sexually Both No

PSYCHOLOGICAL INFORMATION

Have you ever been involved in mental health counseling, had an evaluation, or been committed to a mental health facility? Y or N

If yes, when: _____ where? _____

when: _____ where? _____

Hospitalization or Outpatient? (circle one) For how long? _____

Are you currently under treatment for any mental health problem? Y or N

If yes, for what diagnosis: _____

where: _____

Have you ever taken any medication for any behavior, mental, or emotional condition? Y or N

If yes, list names & dosage of all medications: _____

History of lethality? Y or N or Denies Present thoughts of lethality? Y or N or Denies

SUBSTANCE USE / ABUSE HISTORY

Are you currently in a substance abuse treatment program? Y or N

If yes, what type? (circle one) Inpatient Intensive Outpatient Outpatient Continued Care

Where: _____

If no, have you received treatment in the last 5 years? Y or N Have you ever? Y or N

If yes, what type: _____ when? _____

where? _____

Current frequency of alcohol or other drug use: _____ Last use: _____

Primary drug of Choice: _____ Age of first use: _____

Secondary Drug of Choice: _____ Age of first use: _____

Tertiary Drug of Choice: _____ Age of first use: _____

Other information related to alcohol and/or drug use: _____

Has anyone in your family had a history of substance abuse or been in treatment (outpatient or inpatient) for substance abuse? Y or N

SIGNS OF SUBSTANCE USE / ABUSE OBSERVED BY CASE MANAGER

Requires immediate detoxification services? Y or N

Signs of alcohol or other drug intoxication? _____

Signs of acute withdrawal from alcohol or other drugs? _____

Any observable signs and symptoms of substance use/abuse? _____

Presenting problem? (In case manager's opinion) _____

CHECKLIST

Did the defendant cooperate during the interview? Y or N

Was the defendant charged with an alcohol and/or other drug offense? Y or N

Is the defendant charged with a violent offense? Y or N

Does the defendant have a prior violent conviction(s)? Y or N

Does the defendant accept responsibility for his/her offense? Y or N

Does the defendant appear to have a substance abuse problem? Y or N

SUMMARY / RECOMMENDATION
